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ABSTRACT

Interpersonal feedback, telling an individual how others perceive and react to his performance or behavior, is often used in skills training to produce some change in the individual's performance. This study investigated the effects of different types of negative feedback on the subjects' ratings of the accuracy of the feedback and their motivation to change their behavior. Subjects were 48 male and 48 female college students who signed up for an experiment involving counseling skills. Two subjects, unacquainted and of the same sex, played roles of therapist and client in each session. One of three bogus, standardized feedback statements was given to the subjects after the session. Subjects rated the accuracy, desirability, and helpfulness of each item of feedback and the competence of the person giving the feedback. Therapist's and client's ratings of feedback accuracy and effectiveness were found to be similar, contradicting the idea that persons try to enhance their self-esteem. Clients rated feedback about observable behavior as more accurate than feedback about unobservable behavior. Individuals' reactions to negative behavior was influenced by several factors including the observability of behavior and the individual being evaluated. (ABL)

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REACTIONS TO NEGATIVE FEEDBACK:

REASONABLE OR RESISTIVE

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INTRODUCTION

Interpersonal feedback, telling an individual how others perceive and react to his behavior or performance, is a method often used in teaching individuals new skills. It is most typically used when the criteria for the successful performance of the skill are only vaguely defined or when the actual performance itself cannot be evaluated objectively. Learning how to paint, compose poems, conduct therapy, or manage personnel fall into this category. In these instances, the subjective perceptions or reactions of another person, rather than objective measures, are used to evaluate any given performance.

The goal of interpersonal feedback used in skills training is to produce some change in the individual's performance. This is done by providing him with constructive information which will enable him to become aware of the correspondence between the desired outcome and the actual results of his behavior. For example, suppose a student learning therapy skills desires to put his client at ease, but his rapid-fire questioning produces the opposite result. The goal of the feedback in this case would be to help the student realize the discrepancy between what he wants (putting the client at ease) and what he is achieving (making the client nervious), and, consequently, motivate him to modify his behavior. In the interpersonal feedback process in this example, the client might relate his reaction to the student's rapid questioning ("I began to feel very nervous"), or a supervisor might identify the

client's reactions to the student's behavior ("His body began to tense as you continued your rapid questioning"). In both instances, the student learns of the subjective reactions of another to his behavior. Once he becomes aware of the undesired results, he most likely will want to change his behavior to achieve a greater congruity between the actual reactions and his desired ends.

Interpersonal feedback can vary in a number of ways. As demonstrated in the preceding example, the person giving feedback could comment on his own reactions (as the client did), or identify the reactions of others (as the supervisor did). Interpersonal feedback can also vary in its accuracy, desirability, immediacy and descriptiveness.

One of the few dimensions of the feedback process which has been extensively investigated is the valence of the feedback. The consistent finding is that recipients rate positive feedback as more credible than negative feedback (Feldman, 1974; A. Jacobs, M. Jacobs, Cavior, and Burke, 1974; M. Jacobs, A. Jacobs, Feldman, and Cavior, 1973a; M. Jacobs, A. Jacobs, Gatz, and Schaible, 1973b; Schaible, 1970; Schaible and Jacobs, 1975).

However, teachers and trainers are not able to use positive feedback exclusively because occasions often arise where they must correct learners' mistakes. Although negative feedback is often resisted by the recipients, it does contain information which, if accepted, can lead to improvement in the individual's performance. However, not all negative feedback is readily accepted.

This study investigated the effects of different types of negative feedback on the subjects' ratings of the accuracy of the feedback and their motivation to change their behavior. The negative feedback

consisted of statements of the socially undesirable aspects or consequences of the subjects' performances. The subjects, after receiving feedback from a "trainer," rated their estimation of the feedback's accuracy. Specifically, two interpersonal feedback variables were examined: 1) negative feedback about observable behavior versus negative feedback about unobservable behavior (feelings, intentions), hereafter called the "feedback type" variable, and 2) negative feedback about one's own behavior versus negative feedback about another's behavior, hereafter called the "feedback target" variable. The recipients of the feedback were college students, interested in learning counseling skills. They received feedback about their counseling skills in role-played situations that involved helping a troubled "client."

Many therapists (Argyria, 1970; Johnson, 1972; Stoller, 1968) agree that feedback based on observable behavior is more effective than that based on unobservable behavior, and some research supports this position (M. Jacobs, Gatz, and Trick, 1974). Therefore, it was thought that feedback about observable behavior would be seen as more accurate than feedback about unobservable behavior.

Additionally, it was also predicted that individuals would rate feedback about themselves as less accurate than feedback about others. This hypothesis was based on the findings from the attribution literature which shows that a person's attributions of causality in an interaction differed depending on where they focus their attention. In accord with findings from those studies (Regan and Totten, 1975; Storms, 1973; Taylor and Fiske, 1975), it was believed that during the roleplays, the individuals' attention would be directed outwards onto their partner and therefore they would be more aware of information that supports the trainer's feedback about another individual.

METHOD

The subjects were forty-eight male and forty-eight female college students who signed up for an experiment involving counseling skills.

Two subjects, previously unacquainted and of the same sex, participated in the experimental session at one time. The experimenter randomly assigned one to the therapist role and the other to the client role.

The experimenter described the study as a training program for those interested in learning therapy skills. Additionally, she stressed that the program was experimenting with various methods for teaching these skills in order to determine which teaching method is most effective. The subjects were told that in addition to learning some therapy skills, they would be asked to evaluate the effectiveness of the training program. The experimenter did not mention that the different teaching methods consisted of different types of feedback statements. However, the instructions were given to allow the subjects to be more critical in rating the accuracy of the feedback.

The experimenter further instructed the subjects that they would role play an interview between a therapist and client. During the role play, they would be observed by a graduate student in clinical psychology and afterwards receive feedback about their performances. The experimenter then told the one subject who had been designated the therapist that his/her therapy skills would be evaluated. The client was informed that he/she would participate in the role play but not have his/her behavior evaluated.

Both the client and the therapist were then given a description of the goals and methods of a first interview and specific instructions for the role plays.

The subjects conducted the interview for about 10 minutes, while being observed through a one-way mirror. After the role play, the experiment delivered three standardized feedback statements written in longhand to the subjects. The identical feedback was given to both the therapist and client but varied according to the experimental condition. For purposes of experimental control, the same feedback was given to all subjects within an experimental condition. These bogus feedback items were general statements that could describe the performance of most beginning therapists.

After reading the feedback, the subjects rated the accuracy, desirability, and helpfulness of each item of feedback. Additionally, they evaluated the competence of the feedback giver, the worth of the training program, and their interest in participating in further training.

When the subjects completed these forms, the experimenters met with the subjects and engaged in a thorough debriefing procedure.

The design of the study was a 2 x 2 x 2, with two of the experimental variables specifying the kind of feedback that was delivered, while the third variable specifies the feedback recipient. The three experimental variables were: 1) feedback type -- either negative feedback about observable behavior or negative feedback about unobservable behavior; 2) feedback target -- either feedback about the therapist or feedback about the client; and 3) feedback rater -- both the therapist and the client rated the accuracy of the feedback.

Identical feedback was delivered to all subjects within the same experimental condition. Four different standardized lists of feedback statements were constructed: 1) feedback about observable behaviors of the therapist, 2) feedback about unobservable behaviors (thoughts, feelings) of the therapist; 3) feedback about observable behaviors of the client; and 4) feedback about unobservable behaviors of the client. The lists were comparable in terms of the social desirability and generality of the feedback statements.

RESULTS

Feedback accuracy ratings

Subjects rated the accuracy of each feedback statement on a nine point scale with accurate (1) and inaccurate (9) as endpoints. This scale was the direct measure of the subjects' perceptions of the accuracy of the feedback. The subject's mean accuracy rating for the three feedback statements was used in the analysis, a three-way, repeated measures ANOVA. No significant main or interaction effects were obtained for the feedback type, feedback target, or rater variables. Although no significant findings were obtained with the direct measure of accuracy, the indirect measure of feedback accuracy yielded a number of significant results. To obtain the indirect measure of feedback accuracy, subjects were asked to indicate whether various therapist and client behaviors occurred during the role play. The subject's total agreement with the three items corresponding to the feedback they received constituted the indirect measure.

Feedback type

Contrary to hypothesis that observable feedback would be rated as more accurate than unobservable feedback, there was no significant main effect for the type of feedback. Instead of a main effect, the feedback type variable interacted with the feedback target variable, $F(1, 44) = 8.66$, $p < .005$ (Table 1). Inspection of the means shows that while feedback about observable behaviors of the therapist was regarded as accurate, feedback about observable behaviors of the client was regarded as inaccurate. Planned comparisons on this variable indicate that the therapist, when rating feedback about himself, rated observable feedback ($M = 6.33$) as more accurate than unobservable feedback ($M = 9.42$), $t(22) = -3.41$, $p < .002$. This result is in accord with the prediction. However, contrary to the prediction, when rating feedback about the client, the therapist agreed more with the unobservable feedback ($M = 7.50$) than with the observable feedback ($M = 9.75$), $t(22) = 2.71$, $p < .013$. The client when rating both feedback about himself and about the therapist, tended to agree more with the observable than the unobservable feedback, but these differences were small and not significant.

Feedback target

The second hypothesis stated that feedback about oneself would be rated as more accurate than feedback about another. This was not supported. Instead, feedback describing the therapist ($M = 7.67$) was rated more accurate than feedback about the client ($M = 8.92$). This result indicates that the therapist's and client's ratings were differentially affected by the self-other target variable. Figure 1 which presents this interaction, shows that the clients' ratings correspond to the predicted outcomes, while the therapists' ratings differ greatly from the predictions.

TABLE 1

ANALYSIS OF VARIANCE OF THE FEEDBACK
ACCURACY RATINGS (INDIRECT)

Source	df	MS	F
Between S Pairs			
Target (A)	1	38.13	7.39*
Type (B)	1	7.31	1.42
A x B	1	44.69	8.66**
Error	44	5.16	
Within S Pairs			
Rater (C)	1	0.21	0.05
A x C	1	6.25	1.49
B x C	1	0.44	0.10
A x B x C	1	40.69	9.73***
Error	44	4.18	

*p < .009
**p < .005
***p < .003

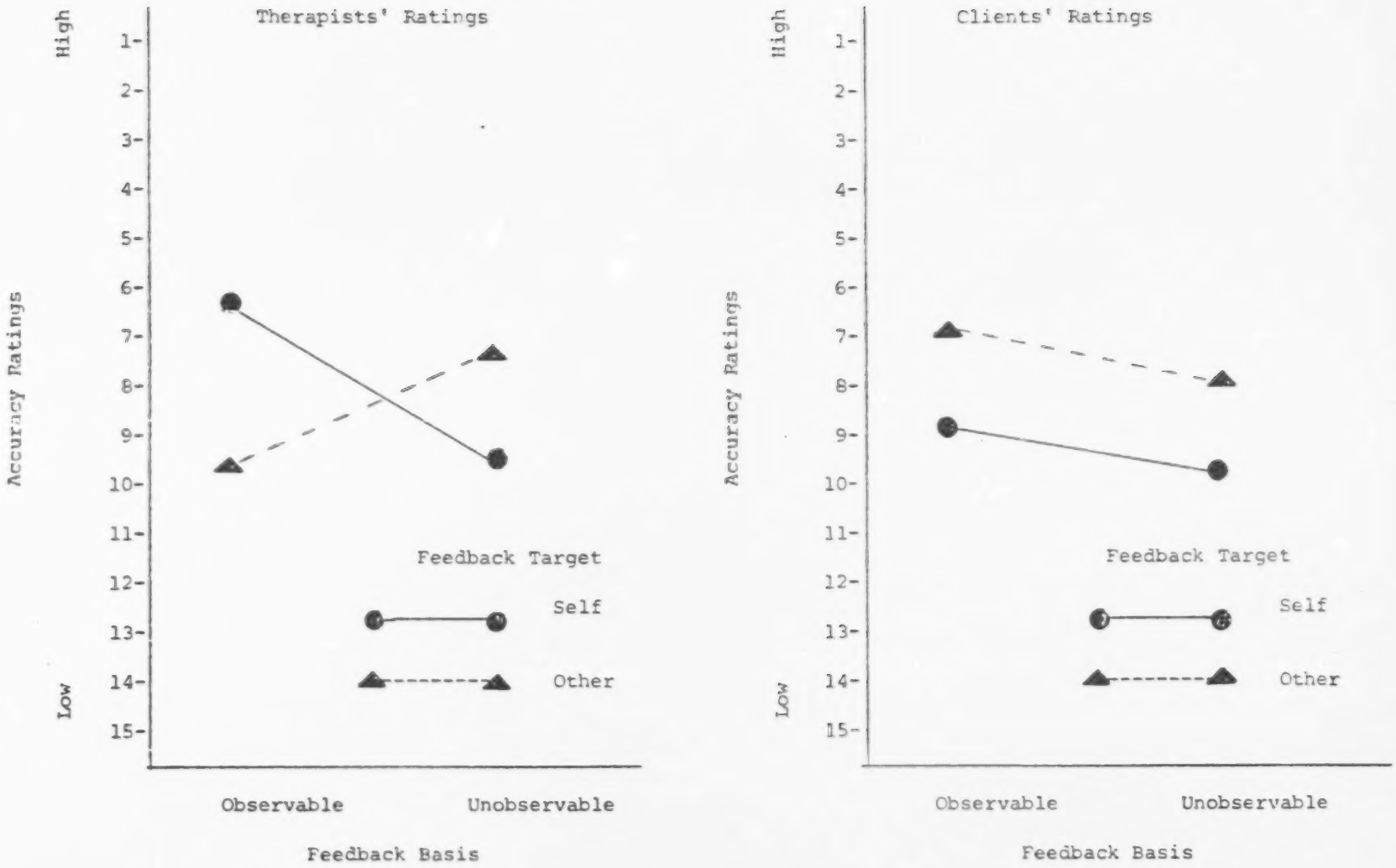

Figure 1. Accuracy ratings as a function of rater, feedback basis, and feedback target.

DISCUSSION

In explaining individuals' resistance to accepting negative feedback, the self-enhancement theory has often been used. According to the self-enhancement theory, individuals strive to maintain their self-esteem, and therefore, tend to reject most negative evaluations. If this cannot be done directly, they will employ such indirect means as rejecting the source of the evaluation, devaluing the adequacy of the information the source has used in forming his evaluations, rationalizing that the source has been careless in expressing his views, or misperceiving the source's views in a manner that reduces the negativity of the evaluation.

Since the therapists, rather than the clients, were being evaluated, they would be more inclined to protect their self-esteem by engaging in these self-protective methods. Therefore, the self-enhancement theory would be supported if the results indicated that the therapists engaged in more self-protective methods than the clients. However, in this study, there was little evidence of that occurring. There was a similarity between the therapists' and clients' overall ratings of the feedback's accuracy. Also, no evidence exists that the therapist rejected the trainer more than the client did in the information on which the trainer based his evaluation. Finally, the therapists and clients were equally complimentary of the effectiveness of the training program. All these results contradict the notion that the therapists would try to maintain or enhance their self-esteem. In fact, when rating the therapist's performance, the therapists' evaluations were actually lower than the clients'.

However, the therapists and clients differed in their perceptions of the accuracy of the different types of feedback. The clients' responses tended to follow the predictions. Although the observable-unobservable

dimension did not produce significantly different results, the clients tended to rate feedback about observable as more accurate than feedback unobservable behavior. The feedback target variable did affect differences in the clients' ratings; feedback describing the others was rated by the clients as more accurate than feedback describing themselves.

In contrast to the clients', the therapists' ratings did not conform to the predictions. The obvious task then is to explain why the clients', but not the therapists', responses conformed to the predictions. One approach to explaining this discrepancy is to examine the differences between the roles of the therapist and client. The main variable which this study attempted to manipulate was that the therapist's performance was being evaluated while the client's performance was not. The therapists' and clients' statements during the debriefing support the existence of this difference. All therapists reported a feeling of being evaluated, and many felt distracted by the one-way observation window.

Could this disparity in their feelings of being evaluated cause the therapist and client to respond differently to the various types of feedback? It was assumed that the subjects, both clients and therapists, would focus their attention outwards on their partners. Therefore, when the feedback was about the partner, rather than themselves, the subjects would have the same information as the trainer and, consequently, would agree more with the feedback. However, it appears from the therapists' reports that they focused their attention inward on themselves. This difference between the therapists and clients in where they directed their attention is similar to the subjective-objective self-awareness continuum.

According to this theory, every individual is capable of two states of awareness. "Subjective self awareness" is a state of consciousness in which attention is focused on events external to the individual's consciousness, personal history, or body--the person's attention is directed away from himself and toward external objects. "Objective self awareness" is exactly the opposite conscious state. Consciousness is focused exclusively upon the self, and, consequently, the individual attends to his conscious state, his personal history, his body, or any other personal aspects of himself. One of the many differences between the states of objective and subjective self awareness is that the person who is objectively self aware is engaging in self-evaluation while the subjectively self aware person is not. When attention is focused on the self, there is an automatic comparison of the self with standards of correctness. A perceived discrepancy and a resulting negative self evaluation will occur when the self is not identical with the mental representation.

According to the theory, subjective self awareness is the primary state because the environment is normally a strong enough stimulus to draw attention toward it. In order for the person to become objectively self aware, it is necessary to create conditions that remind him of his status as an object in the world. Among the ways that this can happen is when an individual believes he is being focused on and judged by another.

Self-awareness theory appears applicable to the present study. Because his performance is being closely evaluated by the trainer, the therapist would most likely be in the state of objective self awareness. He is closely attending to his own performance and matching it to the standards defining a good therapist. Comments from the therapists

reflected this concern. They reported being very conscious of what they were saying, their body language, and the proper procedure to follow while questioning the clients. On the other hand, the client focused not so much on his own behavior, but on that of the therapist (though this may have varied for the different clients). Clients seemed more concerned with "helping the therapist" by bringing up new topics. Therefore, being in the state of subjective awareness, clients tended to be less self-evaluative.

It seems reasonable to conclude that the clients conformed to the assumption of directing their attention on the therapist, and therefore, their ratings of the feedback accuracy were in line with the predictions. On the other hand, the therapists deviated from the assumption in that they attended to their own behavior as much as, or more than, the client's behavior, and therefore, their results would follow the same prediction.

In summary then, it appears that individuals' reactions to negative feedback are influenced by a number of variables, including whether the feedback is about observable or unobservable behavior, whether it is about the self or other, and whether the recipients of the feedback believed they are being evaluated. Individuals who know they are being evaluated are more likely to accept negative feedback about themselves. In general, it appears that individuals tend to accept negative feedback if they are aware of information that supports the accuracy of the feedback. If the feedback giver and feedback receiver are attending to the same behaviors, it is much more likely that they have access to the same information and the feedback will be seen as accurate.

Implications for therapy supervision

Since this study was an analogue using undergraduates with little knowledge of psychotherapy, generalizations to actual therapy supervision must be made with caution. Graduate students who have a better background and more interest in psychotherapy training and who develop closer relationships with their supervisors may very well respond to feedback in a different manner than the subjects in this study. The findings from this study can probably be best applied to students who are not well acquainted with their supervisors and are in the early states of psychotherapy training.

With these limitations in mind, the following implications can be made. A supervisor who needs to give negative feedback to a therapist-trainee should concentrate either on the undesirable observable behaviors of the therapist or on the feelings that the client may have in response to the therapist's behavior. Therapists in this study found these two kinds of feedback--therapist-observable and client-unobservable--to be the most credible, helpful, and encouraging. Since these reactions are desired by most supervisors, the giving of these two types of feedback will promote a training experience which is satisfying to both trainee and supervisor.

This study also demonstrated the importance of the trainee's agreement with the feedback. When they agree with the negative feedback, trainees are more likely go give themselves poorer evaluations, and, therefore, see the need for improvement in their performance. Additionally, greater agreement with the feedback is associated with higher evaluations of the trainer's competence. Therefore, in order to promote the trainee's trust in and respect for the supervisor's ability, supervisors should

give feedback which the trainees find most accurate. This study showed that feedback about how the therapist may be feeling or how the client is acting is often seen as inaccurate, and, therefore, should be avoided.

Finally, the results of this study indicated that trainees often have difficulty in distinguishing valid from invalid feedback on their therapy skills.

Perhsps the most surprising finding in the feedback accuracy results was the low correspondence ($r = .12$) between the subjects's accuracy ratings and the "true" (the trainers' ratings) accuracy of the feedback. Although some subjects in this study felt free to disagree with the trainer, many agreed with inaccurate feedback. Previous studies (Mosher, 1965; Snyder, 1974; Snyder et al., 1976; Sundberg, 1955) have also revealed the tendencies of subjects to believe almost anything reported by an "expert" or a test, and have attributed this phenomenon to the "gullibility" of the subjects. However, whether it is called gullibility, naivete, stupidity, or trust, these findings clearly show the great control and influence that a trainer has on the student who is learning "nonobjective" skills. Certainly, these results should alert trainers of the necessity for sensitivity and responsibility while supervising others in giving feedback. Additionally, since little evidence was found to support the idea that trainees employ self-protective measures to maintain their self-esteem, supervisors should be wary of attributing trainee's disagreement with their feedback to "defensiveness." It is quite likely that the trainee disagrees because he has some additional information of which the supervisor is unaware that disaffirms the feedback or because he differs from the supervisor in the emphasis placed

on the various pieces of information. When disagreement between supervisor and trainee arises, one way of resolving it would be to investigate the information that each used in reaching their conclusions. Once both parties have access to all the available information, it is more likely that their impressions will be similar, and negative feedback will be more readily accepted.

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